

# ACTIVITY APPROVAL FOR TRIPS FORM

*This form must be submitted at least four weeks in advance; if the trip requires service unit level approval and at a least eight weeks for Council level approval. Submit to your service unit manager or the Brooklyn Center Service Center (Attention: program department assistant). You will be notified of the status of your request. Please keep a copy for your records. Please complete both sides.*

Leader's Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Co-Leader's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Program Grade Level/Grade: \_\_\_\_\_ Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Number Planning to Participate \_\_\_\_\_ Girls \_\_\_\_\_ Adults Are all participants registered? \_\_\_ Yes \_\_\_ No

Has a signed Parent/Guardian Permission form and a completed Health History Record (and Health Examination Record, if applicable) been obtained for each girl participant? \_\_\_ Yes \_\_\_ No

## Type of trip you will be taking. Check all that apply:

### Service Unit approval required

- Day Trip more than 100 miles round trip from meeting site
- Day Trip longer than 10 hours
- Simple Overnight Trip (for trips to council campsites, see site rental process)

### Council approval required

- Trip involving special equipment, Activities Not Listed in the Activity Checkpoints, or Activities with High Risk
- Extended Overnight Trip
- International Trip (Including Canada)
- Regional Group Trip

*If this is an Extended Overnight Trip, International Trip, and/or Regional Group Trip, a written "Girl Scout Trip - Request to Plan" form was also required to plan the trip (six months to three years prior). Please attach a copy of the form and list the date on which it was approved and by whom.*

Trip Destination: \_\_\_\_\_

Trip Dates: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

## Transportation (refer to Group Transportation information in the Council Reference Guide before completing):

- Private Vehicle(s)
- Leased/rented car/van (Company): \_\_\_\_\_
- Bus (Company): \_\_\_\_\_
- Train (Company): \_\_\_\_\_
- Plane (Airline): \_\_\_\_\_
- Watercraft (Company): \_\_\_\_\_

*The adults listed below are driving private/leased/rented vehicles (if applicable):*

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. # \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

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The adults listed below are going on the trip and have completed the necessary training for this trip.

## Check all that apply:

- Attended Leader Training: Name: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_ Leadership Essentials Date: \_\_\_\_\_

### Attended Beyond the Troop Trainings

- Girls Sleep In     Girls Cook In     Girls Camp Out     Girls Field Trip and Tour  
 Girls Sleep Out     Girls Cook Out     Girls Travel - US     Girls Travel - International
- Currently certified in First Aid/Adult CPR: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Level 1     Level 2    Expiration Date: First Aid \_\_\_\_\_ Adult CPR \_\_\_\_\_

## Emergency Contact at Home:

Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Emergency Contact at Destination:

Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Does the trip meet all council procedures for Girl Scout Trips, as well as recommended ratios of adults to girls, applicable Planning Trips with Girl Scouts Guidelines/Checklists, Girl Scout Program Standards, Activity Checkpoints, and Hotel Security and Safety Tips in *Safety-Wise*?    \_\_\_ Yes    \_\_\_ No

Attach a separate sheet with the itinerary for your trip. Include:

- names of all girls and adults going on the trip, include ages, Program Grade Levels, and grades of girls and roles of adults;
- places you will be staying (with addresses and phone numbers);
- dates and times you will be at each location; major activities each day; and budget, including income & expenses.

Depending on type of activity involved, also include:

- special consultants or resource people involved; special equipment that will be used;
- other groups or organizations involved; and planned safety precautions.

Please also attach copies of any required special agreements or contracts and waivers.

If submitting cookie credits, please attach. Amount attached: \$ \_\_\_\_\_

### STATUS OF REQUEST FOR APPROVAL (for office use)

\_\_\_ Approved    \_\_\_ Not Approved    Date: \_\_\_ / \_\_\_ / \_\_\_  
Leader Notified of Status of Request Date: \_\_\_ / \_\_\_ / \_\_\_

Recommendations to Leader:

\_\_\_\_\_  
\_\_\_\_\_

Service unit manager/Program Department signature:

\_\_\_\_\_

Date: \_\_\_\_\_

FILL OUT FORM COMPLETELY AND MAIL OR FAX TO:  
**Your Service Unit Manager or**  
**ATTN: Program Department Assistant**  
**Girl Scouts of Minnesota and Wisconsin River Valleys**  
**Brooklyn Center Service Center**  
**5601 Brooklyn Boulevard**  
**Brooklyn Center, MN 55429**  
**763-535-7524 FAX**